

ARIZONA DEPARTMENT OF VETERANS' SERVICES

INTERNAL MANAGEMENT POLICY 98-02

SUBJECT: EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

EFFECTIVE DATE: November 22, 1999 (Supersedes IMP 98-02 3/24/98)

- 1.0 POLICY: The Arizona Department of Veterans' Services ensures the safety of employees who are injured by needle sticks or other exposure to bodily fluids.
- 2.0 AUTHORITY: 29 CFR 1910.1030 (Bloodborne Pathogens) and Arizona Revised Statutes §41-604 (Duties and Powers of the Director).
- 3.0 RESPONSIBILITY: Employees shall be instructed by their supervisors to report blood or other biohazardous material exposure as soon as possible following the incident. Human Resources is responsible for assisting exposed employees to obtain industrial clinic testing and for opening Workers' Compensation claims in the event that an employee tests positive for infectious disease.
- 4.0 PROCEDURE: Any needle stick or other injury by sharp instrument(s) contaminated with blood or body fluid or exposure of mucous membranes of the eyes, nose or mouth to the body fluids listed below is to be considered a possible exposure to a bloodborne disease.
 - 4.1 The employee reports significant exposure to bodily fluid (blood, semen, vaginal fluid and any other fluids containing blood).
 - 4.2 The employee prepares a Report of Significant Work Exposure to Bodily Fluids (Form IPS 52435) to be signed by the supervisor. Refer to Incident Reporting, Internal Management Policy 98-01 for further details.
 - 4.3 The supervisor ensures that a copy (Form IPS 52435) is sent to Human Resources.
 - 4.4 If the source of bodily fluid is known to be a resident of ASVH, the resident may be requested to submit to testing for communicable disease. The resident must provide consent for such testing.
 - 4.5 If the testing of the bodily fluid source is not an option, the employee is sent to an industrial medical clinic for evaluation and counseling.
 - 4.5.1 The appointment should be within four hours of the needle stick.
 - 4.5.2 All follow-up procedures will be accompanied by the industrial medical clinic.
 - 4.5.3 All pregnant employees shall be counseled regarding the dangers of HIV and Hepatitis B to their unborn fetus.
 - 4.5.4 Hepatitis B vaccine will be offered to all employees at risk or having direct contact with body fluids.
- 5.0 IMPLEMENTATION: Implementation shall occur on the effective date of the order and shall continue until changes require a revision.

Patrick F. Chorprenning, Director

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS
(THIS IS NOT A CLAIM FORM)

- Name: *Last* _____ *First* _____ *M.I* _____ Social Security No.: _____
Birth Date: _____
1. _____ Phone No.: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Employer's or Firm's Full Name: _____
Phone No.: _____
4. Employer's or Firm's Address: _____
5. Date of Exposure: _____ Time of Exposure: _____ A.M. _____ P.M.
6. Address or Location Where Exposure Occurred: _____
7. Job Title: _____
8. State fully how exposure occurred (be specific): _____

9. List all persons present at the exposure whom you can identify: _____

10. What bodily fluid were you exposed to?
Blood _____ Vaginal fluid _____ Any other fluid(s) containing blood (Describe): _____
Semen _____ Surgical fluid(s) _____

11. Whose bodily fluid was it? _____ (Explain)

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe: _____

13. Did exposure to bodily fluid take place through your (a) skin _____ or (b) mucous membrane?
14. What specific part(s) of your body was exposed to bodily fluid? _____

15. **Note:** **THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NO LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.**

OTHER REQUIRED STEPS:

- A.** YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.
- B.** YOU MUST HAVE BLOOD TESTED FOR HIV BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.
- C.** YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE.
- D.** YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

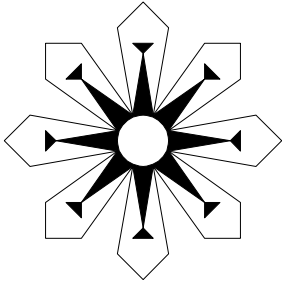
EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYER: KEEP ORIGINAL

COPY TO RISK MANAGEMENT

COPY TO EMPLOYEE

IMP 98- 02, Employee Exposure to Blood Borne Pathogens



The revision deletes the reference of exposure to urine. Bloodborne pathogens are not transmitted by urine and would therefore not require a Report of Significant Work Exposure to Bodily Fluids (Form IPS 52435).